

# Art Birthday Party

Parent's Name:	Cell Phone:	
Address:		City:
Zip Code:	Email:	
Child's Name:		Age:(at time of party)
Party Date:	Time:	Number of party guests:
<ul> <li>Party is depen Party is 1 hour Circle One</li> </ul>	st have a comple dent upon instruct of Masterpiece I e:	eted waiver on file prior to party. ctor and room availability. Design.
<ul> <li>Scul</li> <li>Fee Options:         <ul> <li>in order to set</li> <li>A) 1-10 ch</li> <li>B) 11-18 ch</li> <li>C) 19-25 cl</li> </ul> </li> </ul>	up. nildren □\$150.0 nildren □\$270.0 nildren □\$375.0	
Balloons a Quantity R	vailable for \$15 lequesting:	per dozen (limited) on Saturday parties.  Color Requesting:  m time may be reserved. See staff member for hourly rates.
<ul><li>Please leave p items left unat</li><li>Cancellation P</li></ul>	onsible for food a party room locked tended. olicy: Cancellation	
Parent Signature		Date
Instructor Signature		Date
Recreation Staff S		Date
	red on calendar (	Staff taking reservation:  Community Room  Staff:  Staff:

-OVER-

## **NOTES**

# Party includes:

- masterpiece made by each artist
- All materials needed for the masterpiece

Please complete form first and return to Jessica Alvarado at the Recreation Center or via email <a href="mailto:jessica.alvarado@farmersbranchtx.gov">jessica.alvarado@farmersbranchtx.gov</a>. Staff will contact parent/guardian to make party arrangements.

#### **GENERAL STATEMENT OF UNDERSTANDING**

City of Farmers Branch facilities are operated by the City of Farmers Branch, Texas, for the benefit of the general public. Permission for private use of City facilities is a privilege granted by the City of Farmers Branch. Because City facilities have been assembled, maintained and operated for the general public, it is necessary that certain rules and regulations be established to protect its best interest.

#### HOLD HARMLESS AGREEMENT

In consideration of the City of Farmers Branch, Texas, allowing me to rent room(s) in City facilities, I/we voluntarily assume all risk of loss, damage, or injury and agree to fully indemnify, release and hold harmless the City of Farmers Branch, Texas, and its officials, employees, and/or agents, jointly and/or severally, from every claim because of loss, damage, or injury of any kind because of such activity, resulting from the intentional or negligent act or omission of the undersigned, or any of the undersigned's officers, agents, representatives, partners, shareholders, employees, contractors, invitees, or guests, regardless of whether such loss, damage, or injury is caused by the negligence of the City of Farmers Branch, its officers, employees, agents, and/or contractors.

Therefore, the following UNDERSTANDING must be agreed upon before permission to use the facility is granted.

I have read the General Regulations, Reservation Policy & Procedures, General Statement of Understanding, and the Hold Harmless Agreement and I agree to abide by these conditions. Non-compliance may result in forfeiture of portions or entire deposit. Renter will be held responsible for damage and non-adherence to regulations.

In addition, I understand that the City of Farmers Branch is not responsible for any services not directly related to the City of Farmers Branch that may be used for my event (i.e.: business cards on site for event contacts).

Signature	Print Name	Date

### CHAPTER 50 OF THE FARMERS BRANCH CODE OF ORDINANCES

Chapter 50 PROHIBITS Possession/Consumption of alcoholic beverages or tobacco products on City property (inside and outside of facility) without a permit. If you or a member of your party is found in violation of Chapter 50 as it relates to alcoholic beverage and/or tobacco products the following can occur:

- You and your party will be asked to leave the premises immediately.
- You and each member of your party in violation of Chapter 50 (as if pertains to alcohol and tobacco products) may be cited/fined.

I have read and am in agreement with the above-mentioned policy and agreement.

• You will forfeit the right to receive a refund of your security deposit.

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Signature	Print I	Name		Date